

Dr. C. A. Young, BCABA

BUSINESS & LABOR
EXHIBIT NO. 8
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BILL NO. SB234

Date: February 4, 2009

To: MT State Senate - Business, Labor, & Economic Affairs Committee

RE: Senate Bill 234 aka *Brandon's Bill* on autism insurance reform

From: Dr. Cheryl A. Young, Board Certified Associate Behavior Analyst and Assistant Professor, College of Education, Department of Special Ed, Counseling, Reading, & Early Childhood at Montana State University – Billings, 1500 University Drive – COE 236, Billings, MT 59101

Home address: 3981 Avenue D. Unit 13
Billings, MT 59102
(406) 371-5377

Dear Senators;

I am here today to address issues with you that are very close to my heart. Since the early 1980s, I have worked in the field as a special education teacher first in a residential institution, then in a special center high-school, and finally at a middle school. I have witnessed the devastating symptoms of autism first hand, in youth and adults, who did not have adequate intervention in their early years. I have also witnessed the successful efforts of early intervention therapists. I will list a few key points to share with you here.

1. Autism has had a major impact on Montana, especially due to the rural nature of our state.

I recently completed research on the prevalence rates of children with autism in the US and Montana. Across the United States, cases of autism have grown by 1,342 percent for children ages 6 – 22 from 1993 through 2006. Data from Montana's Office of Public Instruction (OPI) show that the number of cases in school-age children has followed the national trend with a 1,470 percent increase from 2001 to 2007. (See Attachment A)

I also closely examined the prevalence of autism across four states that had various laws and/or insurance bills (or the lack thereof) and measured cumulative growth. I expected to see "spikes" in data trends on years where insurance or state initiatives were implemented to benefit children with autism. However, there were no spikes in the trend data to indicate that cases dramatically increased as a result of any new state initiatives.

What I did discover was that **rural states (e.g., Nebraska and Montana) had a significantly greater cumulative growth rate of autism cases.** I postulate that the rural nature and smaller population of Montana and Nebraska when compared to California, Florida, and Michigan demonstrates a burden greater than the impact of cumulative growth rates in the other three states. This impact is being felt all across the State of Montana. (See Attachment B)

2. Early Intervention is critical to a successful outcome for children with autism.

Recent research completed at Harvard University showed that in the case of autism, young brains fail to develop properly in response to genetic mutations. Some genes experience mutations causing on-off switches that restrict brain development involving cellular processes of brain plasticity. "These results reinforce the **importance of early treatment and intensive special education to teach crucial skills for optimal functioning later in life** (Morton, 2007).

In 2003, The National Research Council of the National Academy of Sciences published *Educating Children with Autism*, a report on **effective interventions for educating children with autism from early intervention at birth through age 8.** The report suggested that coordinated systematic strategies be developed to fund necessary interventions in local communities and states so that this **cost is not borne totally by parents and/or local school systems.**

3. Applied Behavior Analysis is an effective, scientifically-based method for reducing signs, symptoms, and effects of autism.

Meta-analytic reviews of research literature report strong evidence supporting the use of **Applied Behavior Analysis (ABA)** (Simpson and Myles, 2008; Simpson, 2007; Foxx, 2008; Rogers and Vismara, 2008). ABA therapy employs strategies like positive reinforcement to increase desirable behaviors and skills while decreasing problem behaviors. Early intervention programs that employ ABA **can improve developmental functioning and reduce the severity of symptoms** commonly found in children diagnosed with autism.

ABA is NOT experimental. However, insurance companies often feel free to ignore the proven, long-term track record of ABA and other interventions, even though ABA has a better success rate than some treatments for cancer and heart disease (Waltz, 2003).

4. Insurance companies back out on coverage for children with autism for many reasons.

Many insurers argue that they should not have to cover treatment for autism (especially ABA) because they feel it is an educational, not medical, treatment. Nothing could be further from the truth. As mentioned earlier, studies show that early intervention in **ABA aids in the development of neurological pathways that are necessary for optimal brain functioning.** Other treatments that are covered by insurance include speech therapy for stroke victims, and

physical therapy for those who have received trauma to the brain. Are these educational therapies, or are they medical 'treatment'? ABA is a necessary therapy for a neurological condition. It is designed to improve neurological processes and to reduce the devastating and life-long effects of autism. ABA therapy is essential for normalization so that these children will not grow up to be dependent upon a state's social and welfare system later in life.

5. Early intervention treatment for autism is cost-effective in the bigger picture.

In 1987, Ivar Lovaas published his study on children with autism who resided in an institution. After two years of intensive ABA therapy, half of the participants **no longer required the residential-institutional environment**. While not all children who undergo ABA therapy have similar remarkable results, **many children grow up with manageable symptoms that allow them to become actively employed, taxpaying citizens**.

Children with autism are taught in a variety of educational settings. This can range from a least restrictive general education class to the most restrictive hospital/homebound setting. Most children benefitting from early intervention are instructed in general education classes with special education support. **Lower per pupil spending can be a result of early intervention.**

Dr. Jane Garland, MD, FRCP, Associate Professor in the Department of Psychiatry at the University of British Columbia reported, **"...effective early intervention could make the difference between a life of dependency and a developmentally capable child."**

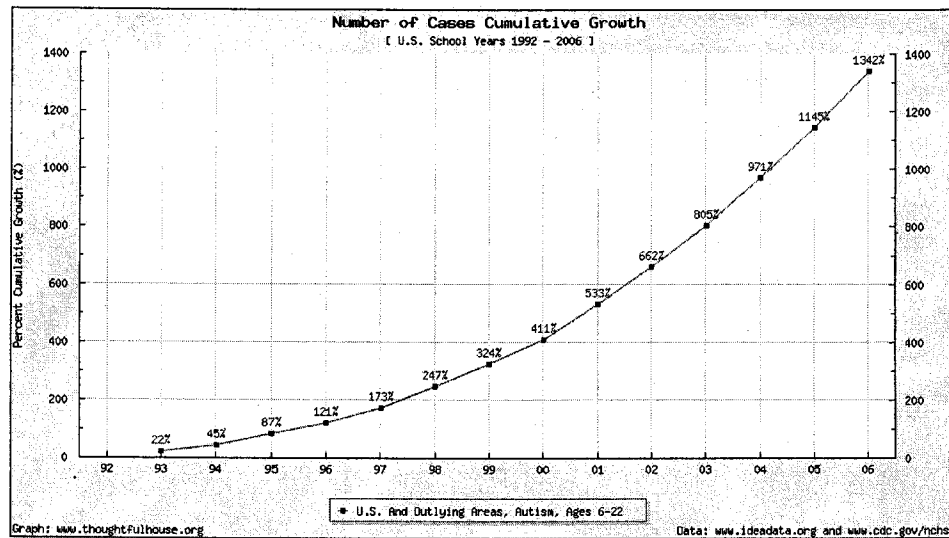
6. Montana CAN support ABA Intervention with trained therapists around the state.

One problem that plagues early intervention networks is a lack of professionals with credentials to conduct necessary therapy and interventions. I noted that the Montana University System ended programs in speech and occupational therapy several years ago, so Montana residents had to seek training in other states. In addition, parents have paid out-of-pocket costs for ABA in-home treatment recruited behavior analysts (some non-certified) from other states such as Utah, Minnesota, and Washington. **Montana has lost therapists, and has had to import trained individuals at great expense in order to provide early intervention.**

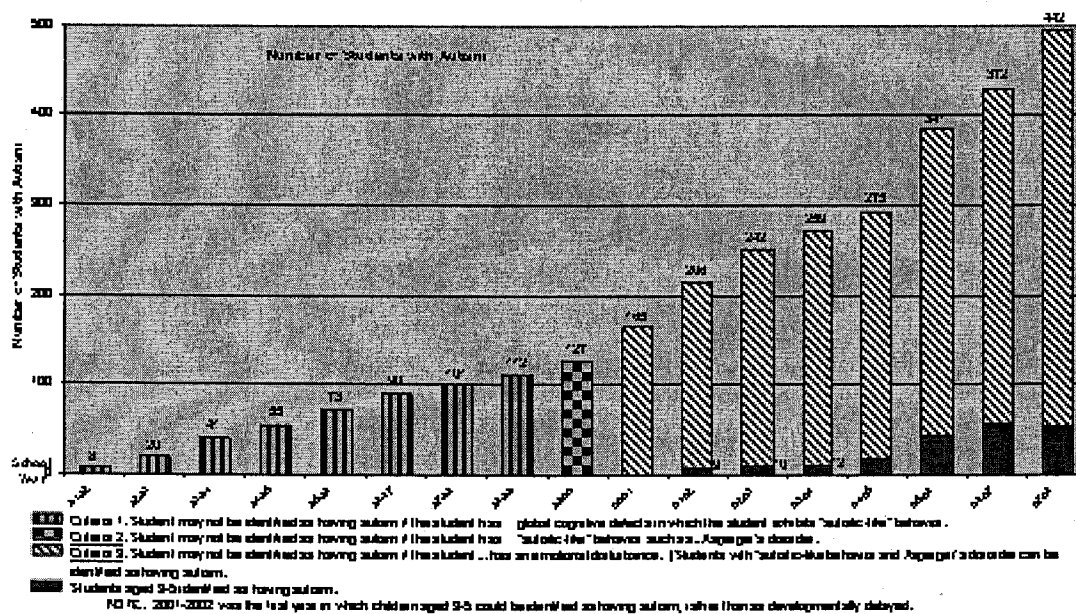
Montana State University at Billings (MSU-B) is currently developing a three-course (9 credit) online program of study that would allow completers to sit for an examination by the Behavior Analysis Certification Board. While these plans remain in the preliminary stage, it is important for legislators to note that the Montana University System through efforts at MSU-B is addressing the need for trained therapists across the state. **Participants are anticipated to come from health and human service, early intervention, and in-home treatment agencies as well as our public schools and publicly funded early childhood programs.**

Attachment A

Autism Cases in the U.S.



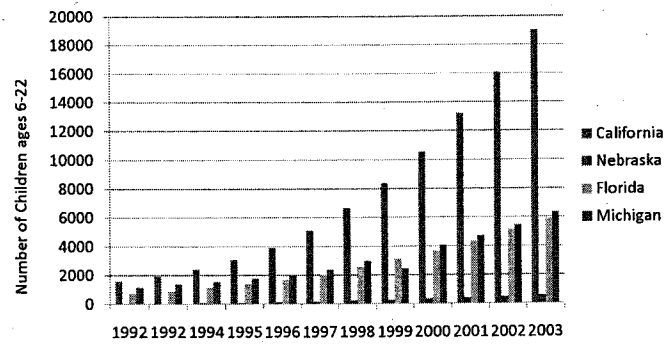
Montana – Prevalence of Autism in Schools



Data Source: Montana OPI

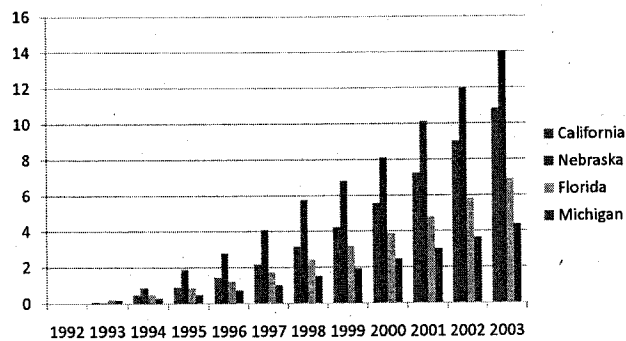
Attachment B

Autism Trends in Four States



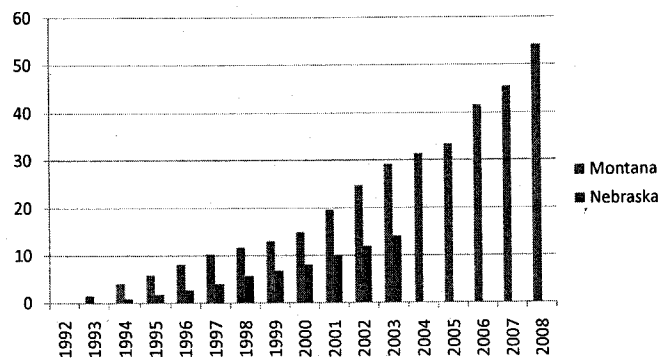
Data Source: www.ideadata.org

Percent Cumulative Growth



Data Source: www.ideadata.org

Percent Cumulative Growth



Data Source: www.ideadata.org
and Montana OPI

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